

Original with Signature in Blue Ink  
and one copy required

Send to Becky Marable, Grants  
Administrator Office of Career  
and Technical Education

Virginia Department of Education  
Office of Career and Technical Education Services  
**Jobs for Virginia Graduates – State Funds**  
PO Box 2120, Richmond, VA 23218-2120

**REQUEST FOR REIMBURSEMENT & PROJECT EXPENDITURES LEDGER**

(1) Period from: \_\_\_\_\_ To: \_\_\_\_\_  
(2) Grantee: \_\_\_\_\_ Grant Award #: \_\_\_\_\_

(3) Categories	(4) Local Expenditures			(8) State Funds			(12) Funds Approved (State Use Only)
	(5) Budgeted Amount	(6) Current Expenditure	(7) Year to Date Expenditure	(9) Budgeted Amount	(10) Current Request	(11) Year to Date Requested	
1000 Personal Services							
2000 Employee Benefits							
3000 Purchased Services							
4000 Internal Services							
5000 Other Charges							
6000 Materials and Supplies							
8000 Capital Outlay							
<b>TOTAL</b>							

Current Amount Requested \$ \_\_\_\_\_

Please maintain all documentation for a period of three years following your claim.

*This is to certify that the State Funds listed above have been paid with funds spent in support of the  
Jobs for Virginia Graduates projects. It is further certified that documentation is being maintained by the Local Education Agency  
and is available to support this claim, upon request.*

(13) \_\_\_\_\_ (14) \_\_\_\_\_  
Prepared By Phone Number  
(15) \_\_\_\_\_ (16) \_\_\_\_\_  
Division Superintendent/Designee Date

**DO NOT WRITE BELOW THIS LINE**

Approved for Payment

Payee No.: \_\_\_\_\_  
Project Code: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

Page  
Page  
(Original and one copy are required)

VIRGINIA DEPARTMENT OF EDUCATION  
Office of Career and Technical Education Services  
SALARY AND FIXED CHARGES

School Division/School \_\_\_\_\_ Award Number \_\_\_\_\_

Requisition Number    1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Salaries and fixed charges for this period are indicated below.

This form must be included in the reimbursement request if funds in Object Codes 1000 and 2000 are being requested. IF YOU ARE A STATE/LOCAL EDUCATION AGENCY, DO NOT FORWARD COPIES OF RECEIPTS, VOUCHERS, ETC. ALL OTHERS MUST SUBMIT ONE COPY OF SUCH DOCUMENTATION.

From \_\_\_\_\_ , \_\_\_\_\_ to \_\_\_\_\_ , \_\_\_\_\_

Name	Position	Amount of Salary Claimed (Object Code) 1000	Benefits (Object Code) 2000	Voucher/Check Number Needed 2000 Only
TOTAL				

Page  
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**VIRGINIA DEPARTMENT OF EDUCATION  
Office of Career and Technical Education Services  
STATE PROJECT DOCUMENTATION**

School Division/School \_\_\_\_\_ Award Number \_\_\_\_\_

Requisition Number    1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

**This form is to be used to document expenditures for Object Codes 3000, 4000, 5000, 6000, and 8000. IF YOU ARE A STATE/LOCAL EDUCATION AGENCY, DO NOT FORWARD COPIES OF RECEIPTS, VOUCHERS, ETC. ALL OTHERS MUST SUBMIT ONE COPY OF SUCH DOCUMENTATION.**

**ALL INFORMATION MUST BE PROVIDED**

Vendor	Item Description	Object Code	Check or Voucher No.	Date of Payment	Amount
TOTAL					

Page  
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**VIRGINIA DEPARTMENT OF EDUCATION  
Office of Career and Technical Education Services  
EQUIPMENT DOCUMENTATION**

School Division/School \_\_\_\_\_ Award Number \_\_\_\_\_

Requisition Number    1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

**This form is to be used only when Object Code 8000, Capital Outlay, is being requested in your reimbursement. IF YOU ARE A STATE/LOCAL EDUCATION AGENCY, DO NOT FORWARD COPIES OF RECEIPTS, VOUCHERS, ETC. ALL OTHERS MUST SUBMIT ONE COPY OF SUCH DOCUMENTATION.**

**ALL INFORMATION MUST BE PROVIDED**

Name of Vendor and Item Name or Description	Model Number	Serial Number	Location of Item	Date of Payment	Voucher/Check Number	Amount
TOTAL						